



Government of the District of Columbia  
Department of Motor Vehicles



## Parental Consent Form

Name of 16 or 17 Year-old Applicant		Applicant's Date of Birth (Day, Month, Year)		
Name of Applicant's Parent/Guardian		Consenter's Date of Birth (Day, Month, Year)		
Parent/Legal Guardian Address	City	State	Zip	Social Security Number
Relationship to Applicant: (Check one) <div style="text-align: center;"><input type="checkbox"/> Parent                      <input type="checkbox"/> Legal Guardian*</div> *If legal guardian, give court decree number: _____.				
I hereby certify that the information furnished above is true and accurate to the best of my knowledge and belief.				
Signature of parent/legal guardian		Date signed		
<b>Notarization</b> <i>(Not valid unless notarized)</i>				
On _____ day of _____, _____ before me subscribed a notary public of the _____ (Jurisdiction) personally appeared, _____ who made oath in due form of law that his or her statements are true.				
My commission expires: (Date and Year)		Signature of Notary Public:		